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Document Description: Petition to withdraw attorney or agent (SH83)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS** 

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Application Number	09/892,404				
Filing Date	June 26, 2001				
First Named Inventor	Mir A. IMRAN				
Art Unit	3736				
Examiner Name	Brian Scott Szmal				
Attorney Docket Number	INCBNE00100	フ			

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the practitioners of record;							
the practitioners (with registration numbers) of record listed on the attached paper(s); or							
the practitioners of record associated with Customer Number: 40518							
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.							
The reason(s) for this request are those described in 37 CFR :							
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)							
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)							
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)							
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:							
Certifications							
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.							
I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.							
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.							
3.  I/We have notified the client of any responses that may be due and the time frame within which the client must respond.							
Please provide an explanation, if necessary:							

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademant Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandra, VA 22213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.									
Change the correspondence address and direct all future correspondence to:									
A. The address of the inventor or assignee associated with Customer Number:									
OR									
B. Assignee name Entrack, Inc.									
Address 1390 Willow Road									
City Menlo Park State CA		State CA	Zip 94025				Country US		
Telephone	elephone (415) 515-2550 Ema			ail joel@incubelabs.com					
I am authorized to sign on behalf of myself and all withdrawing practitioners.									
Signature Signature									
Name	me Johney U. Hah				Registration No. 45,565				
Address 2400 Geng Road, Suite 120									
City Palo Alto State CA		Z	Zip 94303		Country US				
Date	e June 8, 2009			Telephone No. (650) 242-4217					
NOTE Withdrawal is effective when approved rather than when received									

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 1.22 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.